



Bangladesh Association of Librarians, Information
Scientists and Documentalists (BALID)

Address: CDL, House # 67/B, Road # 9/A, Dhanmondi R/A,
Dhaka-1209, Bangladesh. Website: <http://www.balid.org>

Affix a
passport size color
photograph*

Membership Application Form

Membership number :

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Membership type : _____

1. Full name (as on SSC certificate) : _____
2. Mother's name : _____
3. Father's name : _____
4. E-mail address (only one) : _____
5. Cell number : _____
6. Present designation : _____
7. Office address (if any) : _____

8. Contact address : _____

9. Permanent address : _____

10. Date & place of birth : _____
11. Nationality : _____ 12. Sex: _____
13. Work experience in library field: _____ year(s) _____ month(s).
14. Educational Qualifications in Information Science and Library Management*

Name of Degrees	Exam year	Exam held in Year (if differ)	Name of University
BA/BSS (Honors)			
Master			
MPhil			
PhD			
Post Doc			

* Please attach copy of bachelor and master certificate and a photograph attested by any Life member of BALID.

DECLARATION

I, Dr./Mr./Ms. _____
is interested to join as a Life/General/Associate member of the Bangladesh Association of Librarians, Information Scientists and Documentalists (BALID). I confirm that all the mentioned information are correct to the best of my knowledge. If in future, any contact information of mine is/are changed, I will inform the BALID Executive Council in written. I do hereby declare that I have already read the BALID constitution, and will abide by all rules and regulations of BALID, and also those that will be amended from time to time by the Annual General Meeting (AGM) and/or by the Executive Council.

Date (dd-mm-yyyy) _____
Signature

ATTESTATION

I, Dr./Mr./Ms. _____,
BALID Life membership number _____, hereby declare that
Dr./Mr./Ms. _____
is personally known to me for the last _____ years _____ months. According to BALID constitution, s/he may be a Life/General/Associate member of BALID. I also attested his/her educational certificate(s) and photograph.

Date (dd-mm-yyyy) _____
Signature

<u>Official use only</u>	
As per application of Dr./Mr./Ms. _____, and attestation of Dr./Mr./Ms. _____, the Life/General/Associate membership fee Tk. _____ has been collected through the money receipt number _____ date _____. The application has been accepted by the BALID Executive Council 20 ____ - ____ at the meeting held on _____.	
_____ Secretary General	_____ Chairman
_____ Date (dd-mm-yyyy)	_____ Date (dd-mm-yyyy)

